ZBA VARIANCE or APPEAL APPLICATION

WESTPORT ZONING BOARD OF APPEALS Tel: 203-341-1030 Fax: 203-454-6145

INSTRUCTIONS for APPLICANT: For Questions visit P&Z office <u>Daily 9:00-11:30</u>.

Complete pgs 1 & 2 then, REVIEW & COLLECT ALL materials listed on pgs 3&4.

When all is collected DROP OFF to P&Z OFFICE DAILY between $\underline{8:30~\&~4:00}$.

After the STAFF REVIEW is complete, a Hearing Date will be set. Please Review pgs. 5&7.

Note: Commercial projects may require Architectural Review Board approval,

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If needed. You MUST submit ARB application BEFORE going to ZBA Hearing.

OFFICE USE ONLY				
Application#:				
Submission Date:				
Receipt Date:				
Fee Paid:				

1.	Property Address: 30 Island Way	Zone: A		
2.	Commercial Property: or Residential: Applicant's Name: Gail Coykendall			
۷.	Applicant's Address 30 Island Way	Daytime Tel: 203-554-7436		
<u>NC</u>	OTE: Below List Owner's Name (s) as appears on the DEED (No abb	reviations) If more space needed submit list.		
3.	Property Owner's Name: Gail M. Coykendall	E-Mail: jcoykendall@sbcglobal.net		
	Property Owner's Address: 30 Island Way	Daytime Tel: 203-554-7436		
4. 5. 6.	Is this property on: a Septic System: or Sewer: ls this property within 500 feet of any adjoining municipality? Yes No O Does this project involve the demolition of any structures that are 50 years old or more? Yes No O			
7.	Briefly Describe your Proposed Project: Requesting approval of mechanical platform as built, and pool cover & coping as built.			
8.	Will any part of any structures be demolished? No● Yes	- If Yes Attach a Demolition Plan:		
9.	List each " <i>Regulation Section Number</i> " you are requesting a variance for: <i>i.e.</i> (Sec 6-2 = Set back) Section 13-4 resibdential setbacks of non-conforming lot; Section 13-6-3.1 setba			
	Section 13-6-2.1.6 new construction not meeting re	gulations		
10.	List any other variances that are requested to legalize any previous issues: i.e. (Sec 11-5 Coverage for existing shed) Section 13-6-2.1.6 new construction not meeting regulations			
11.	List the PROPERTY HARDSHIP(s) or REASON(s) why this Variance of exceptional difficulty REGARDING YOUR PROPERTY. Note: Financial In non-conforming lot size, safety			
12.	I hereby certify that the above information is correct and that the accon Gail M. Coykendall John P.	npanying exhibits attached are true.		
	Applicant's Signature (If different than owner) Owner If the applicant is unable to obtain the signature of the property owner, a letter of a	r's Signature (Must be signed)		

TO BE COMPLETED BY OWNER/ APPLICANT

After all required materials are collected, DROP OFF to P&Z OFFICE DAILY between 8:30 & 3:00 ONLY.

BUILDING PLANS (TITLE) 30 Island Way					
	_ _{DATE} 9/15/2020	NUMBER of PGS. 0			
REVIS	ED DATE	NUMBER of PGS.			
20 Jalana d	14/				
SURVEY OR SITE PLAN (TITLE) 30 Island Way					
BY: Land Surveying Services	_ _{DATE} <u>8/13/2020</u>	NUMBER of PGS. 1			
REVIS	ED DATE	NUMBER of PGS.			
GROSS LOT AREA: 10,000 NET L	OT ADEA: (loss 909/ wetle	anda ar etaan alanaa): 10,000			
GROSS LOT AREA. 10,000 NET	OT AREA. (less 60% wells	ands or steep stopes).			
SETBACKS: Front / Side / Rear) (From Survev) FLOOR	AREA / FAR:			
Existing: 30.3 / 7.0 / 23.2		ting:			
Required: 30 / 7.5 / 25		wed:			
Proposed: 30.3 / 7.0 / 23.2		posed:			
COVERAGE: Building / Total (From Su	rvey) PARKII	NG:			
Existing:_2,097/_3,097	Exis	Existing:			
Required: 1,500 / 2,500	Required:				
Proposed: 2,097 / 3,097	Proposed:				
HEIGHT: In Feet / # of Stories	SIGNS	<u>8:</u>			
Existing: 29.6 / 2		sting:			
Required: 31 / 2	Required:				
Proposed: 29.6 / 2	_ Pro _l	posed:			
ATTIC / HALF STORY:	LANDS	SCAPING:			
Existing: X / Proposed: X	_ Exis	sting:			
	Red	quired:			
CRAWL SPACE - CELLAR - BASEMEN	<u>T</u> : Pro	posed:			
Existing: X / Proposed: X					

<u>NOTE</u>: If you submit <u>Revised Plans</u> – You MUST SUBMIT A <u>COVER LETTER</u> listing <u>EACH CHANGE & 9 COPIES</u>.

REVISONS FEE: Revised Plans, which require additional staff review <u>ADDITIONAL FEE</u> of HALF of original Appl. fee is REQUIRED.